

PRINTED: 03/12/2012

FORM APPROVED

OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445421	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SPARTA			STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to revise the care plan to include the care of the urinary catheter for one resident (#12) of twenty-three residents reviewed.</p> <p>The findings included:</p> <p>Resident #22 was admitted to the facility on February 29, 2012, with diagnoses including Depression, Senile Dementia, Constipation, Hypertension, Rehabilitation, and S/P (status</p>	F 280	<p>Life Care Center of Sparta is committed to upholding the highest standards of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility respectfully works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide.</p> <p>While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted March 5-7, 2012. This Plan of Correction is the facility's allegation of substantial compliance with Federal and State requirements.</p> <p>F 280</p> <p>On March 5, 2012 the care plan for resident #22 was updated to include the documentation, maintenance, and interventions for the resident's urinary catheter by MDS Coordinator.</p> <p>On March 5, 2012 an audit was conducted, by the DON and ADON, on other care plans for residents with catheters building wide to determine compliance. Other care plans were correctly documented. Nursing Administration consisting of the DON, ADON, SDC, or MDS coordinators will implement a care plan audit of all resident admissions to be conducted within 24 hours of admission to verify accuracy of the care plan's instructions for catheter care. Nursing Administration will also be conduct a care plan review to verify catheter instructions for</p>		3/8/2012 3/5/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	Continued From page 1 post) Fractured Right Hip with Open Reduction Internal Fixation (ORIF). Observation on March 5, 2012, at 12:35 p.m., in the resident's room, revealed the resident lying on the bed with a urinary catheter device in place. Medical record review of a physician's order, dated March 1, 2012, revealed "...maintain 16 fr (French) 30cc (cubic centimeter) foley catheter to BSDB (bedside drainage bag) X 2 weeks to promote skin integrity r/t (related to) DTI (deep tissue injury) right buttocks/coccyx/sacral area..." Medical review of a care plan, dated February 29, 2012, revealed no documentation or interventions for the urinary catheter. Interview with the Director of Nursing (DON), on March 6, 2012, at 9:00 a.m., in the DON office, confirmed the care plan had not been revised to include the documentation or interventions for the urinary catheter device.	F 280	F 280 (con't) any resident already residing in the facility within 24 hours of receiving an order for a catheter. Nursing Administration will conduct the care plan audits within 24 hours of the admission until 3 continuous months of 100% compliance. Nursing Administration will report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team made up of the Medical Director, DON, ED, and other department heads, for further recommendations if needed.		
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by:	F 322	F 322 On March 5, 2012 resident #7's tube feeding bottle was labeled with prescribed pour amount, date, resident's name, and room number by LPN charge nurse. On March 5, 2012 an audit was conducted by DON and ADON of other tube feeding bottles in the facility, other bottles were found to be properly labeled.		3/8/12 2/5/12

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F 322	<p>Continued From page 2</p> <p>Based on observation, review of facility policy, and interview, the facility failed to ensure tube feedings were properly labeled for one (#7) of twenty-three residents reviewed.</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility on December 28, 2011, with diagnoses including Dysphagia, Hypertension, Congestive Heart Failure, and Atrial Fibrillation.</p> <p>Observation on March 5, 2012, at 10:32 a.m., revealed the resident lying in the bed with Jevity 1.5 calorie (specialized tube feeding) infusing at 85 ml (milliliters) per hour per the Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. further observation revealed the tube feeding bottle was not labeled with the resident's name or date.</p> <p>Review of the facility policy, Tube Feeding Administration, revised October 2004, revealed, "...pour prescribed amount...label with date and resident's name..."</p> <p>Interview with Unit Manager #1 on March 5, 2012, at 10:45 a.m., in the resident's room confirmed the tube feeding was not properly labeled.</p>	F 322	<p>F 322 (con't)</p> <p>On March 16, 2012 LPNs and RNs were in-serviced by the DON on importance of having tube feeding bottles labeled. Audits to check tube feeding bottles for proper identifying labels will be conducted weekly by Nursing Administration until 3 continuous months of 100% compliance.</p> <p>Nursing Administration will report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team, made up of the Medical Director, DON, ED, and other department heads, for further recommendations if needed.</p>		